

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>2/6/02</u>		2 Serial/Patent # <u>09/596850</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition	8	8/13/01	\$ 130.00
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ 130.00
		8 TO BE REFUNDED BY:		
		<input checked="" type="checkbox"/>	Treasury Check	
		<input type="checkbox"/>	Credit Deposit A/C #:	
		9	<div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; text-align: center;"> -- </div>	
10 REASON:				
	Overpayment			
	Duplicate Payment			
<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
<u>WRONG PETITION FILED</u>				
11 REFUND REQUESTED BY: <u>B. Dayan</u>				
TYPED/PRINTED NAME: <u>BethAnne Dayan</u>			TITLE: <u>Petitions Exr</u>	
SIGNATURE: <u>[Signature]</u>			PHONE: <u>303-3865</u>	
OFFICE: <u>Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>			DATE: <u>4/24/02</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**